

# Muslim women having abortions in Canada

## Attitudes, beliefs, and experiences

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### Abstract

**Objective** To improve understanding of the attitudes, beliefs, and experiences of Muslim patients presenting for abortion.

**Design** Exploratory study in which participants completed questionnaires about their attitudes, beliefs, and experiences.

**Setting** Two urban, free-standing abortion clinics.

**Participants** Fifty-three self-identified Muslim patients presenting for abortion.

**Main outcome measures** Women's background, beliefs, and attitudes toward their religion and toward abortion; levels of anxiety, depression, and guilt, scored on a scale of 0 to 10; and degree of pro-choice or anti-choice attitude toward abortion, assessed by having respondents identify under which circumstances a woman should be able to have an abortion.

**Results** The 53 women in this study were a diverse group, aged 17 to 47 years, born in 17 different countries, with a range of beliefs and attitudes toward abortion. As found in previous studies, women who were less pro-choice (identified fewer acceptable reasons to have an abortion) had higher anxiety and guilt scores than more pro-choice women did: 6.9 versus 4.9 ( $P=.01$ ) and 6.9 versus 3.6 ( $P=.004$ ), respectively. Women who said they strongly agreed that abortion was against Islamic principles also had higher anxiety and guilt scores: 9.3 versus 5.9 ( $P=.03$ ) and 9.5 versus 5.3 ( $P=.03$ ), respectively.

**Conclusion** Canadian Muslim women presenting for abortion come from many countries and schools of Islam. The group of Muslim women that we surveyed was so diverse that no generalizations can be made about them. Their attitudes toward abortion ranged from being completely pro-choice to believing abortion is wrong unless it is done to save a woman's life. Many said they found their religion to be a source of comfort as well as a source of guilt, turning to prayer and meditation to cope with their feelings about the abortion. It is important that physicians caring for Muslim women understand that their patients come from a variety of backgrounds and can have widely differing beliefs. It might be helpful to be aware that patients who hold more anti-choice beliefs are likely to experience more anxiety and guilt related to their abortion than pro-choice patients do.

### EDITOR'S KEY POINTS

- The effects of religious convictions and culture on a woman's decision to have an abortion and her experience of guilt are important issues for health practitioners to consider. This study explores Muslim patient's beliefs and attitudes about abortion and examines how these might affect their experiences.
- When asked about their beliefs, 96.2% of participating women agreed with the statement "Any Muslim woman has the right to have an abortion," but only a third agreed that she should be allowed to do so for any reason. Muslim women in this study also had higher average anxiety scores than non-Muslim women in previous studies of abortion.
- The group of Muslim women surveyed was so diverse that no generalizations can be made about them. It is important that physicians caring for Muslim women understand that their patients come from a variety of backgrounds and can have widely differing beliefs, but patients who hold more anti-choice beliefs are likely to experience more anxiety and guilt related to their abortion than pro-choice patients are, and Muslim women in general might experience more anxiety about the abortion than non-Muslim women do.

This article has been peer reviewed.  
*Can Fam Physician* 2011;57:e134-8

# Les musulmanes qui ont un avortement au Canada

## Attitudes, croyances et expériences

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### Résumé

**Objectif** Avoir une meilleure compréhension des attitudes, croyances et expériences des musulmanes qui consultent pour un avortement.

**Type d'étude** Étude exploratoire dans laquelle les participantes ont complété un questionnaire portant sur leurs attitudes, croyances et expériences.

**Contexte** Deux cliniques d'avortement urbaines indépendantes.

**Participantes** Cinquante-trois patientes s'étant identifiées comme musulmanes et désirant un avortement.

**Principaux paramètres à l'étude** Antécédents, croyances et attitudes des femmes au sujet de leur religion et de l'avortement, niveau d'anxiété, de dépression et de culpabilité, mesurés sur une échelle de 0 à 10; attitude plus ou moins pro-choix ou anti-choix concernant l'avortement, tel qu'établie en demandant aux répondantes d'indiquer dans quelles circonstances une femme serait en droit de se faire avorter.

**Résultats** Les 53 femmes de cette étude constituaient un groupe plutôt hétérogène, avec des âges variant entre 17 et 47 ans, 17 pays d'origine différents et un large spectre de croyances et d'attitudes envers l'avortement. Conformément aux études antérieures, celles qui étaient moins pro-choix (qui indiquaient peu de raisons acceptables pour se faire avorter) avaient des scores d'anxiété et de culpabilité plus élevés que celles qui étaient pro-choix: 6,9 vs 4,9 ( $P=,01$ ) et 6,9 vs 3,6 ( $P=,004$ ), respectivement. Les femmes qui croyaient fermement que l'avortement allait contre les principes islamiques avaient aussi des scores d'anxiété et de culpabilité plus élevés: 9,3 vs 5,9 ( $P=,03$ ) et 9,5 vs 5,3 ( $P=,03$ ), respectivement.

**Conclusion** Les musulmanes canadiennes qui consultent pour un avortement proviennent de plusieurs pays et écoles de l'Islam. Le groupe de musulmanes que nous avons interrogées était si diversifié qu'aucune généralisation n'était possible. Leurs attitudes envers l'avortement variaient entre être complètement pro-choix ou croire que l'avortement est mauvais, sauf pour sauver la vie de la mère. Plusieurs disaient que leur religion était une source de réconfort mais aussi de culpabilité, se tournant vers la prière et la méditation pour faire face à leurs sentiments concernant l'avortement. Il est important que les médecins qui soignent des musulmanes comprennent que leurs patientes ont diverses origines et peuvent avoir des croyances très différentes. Il serait avantageux de savoir que les patientes dont les croyances sont plutôt anti-choix risquent d'éprouver plus d'anxiété et de culpabilité en rapport avec leur avortement que celles qui sont pro-choix.

### POINTS DE REPÈRE DU RÉDACTEUR

- Les effets des convictions religieuses et de la culture d'une femme sur sa décision d'avoir un avortement et la culpabilité qu'elle peut en ressentir sont des questions importantes dont le professionnel de la santé doit tenir compte. Cette étude voulait connaître les croyances et attitudes de patientes musulmanes au sujet de l'avortement et vérifier comment cela pourrait affecter leur expérience.

- Interrogées au sujet de leurs croyances, 96,2% des participantes étaient d'accord avec l'énoncé «Toute femme musulmane a le droit d'avoir un avortement», mais seulement un tiers disaient qu'elle devrait y avoir droit quelle qu'en soit la raison. Les musulmanes de cette étude avaient aussi des scores moyens d'anxiété plus élevés que les femmes non musulmanes des études antérieures sur l'avortement.

- Le groupe de musulmanes étudié était si diversifié qu'il n'est pas possible de tirer quelque généralisation que ce soit. Il est important que le médecin qui soigne des musulmanes comprenne que ces femmes viennent de contextes variés et peuvent avoir des croyances très différentes, mais les patientes qui ont des croyances plutôt anti-choix risquent d'éprouver plus d'anxiété au sujet de l'avortement que celles qui sont pro-choix, tandis que les musulmanes en général semblent éprouver plus d'anxiété à ce sujet que les non-musulmanes.

Cet article a fait l'objet d'une révision par des pairs.  
Can Fam Physician 2011;57:e134-8

Islam is the largest non-Christian religion in Canada, with 579 640 Canadians identifying themselves as Muslim (or Moslem) in the 2001 census.<sup>1</sup> The proportion of Canadian Muslims is growing considerably: from 0.9% of the population in 1991 to 2.0% in 2001. In 2001, 0.6% of nonimmigrants and 7.6% of immigrants identified themselves as Muslim. The estimate for 2009 was that 2.5% of the population—approximately 850 000 Canadians—would be self-identified Muslims.<sup>2</sup> Unlike the Muslim population of European nations,<sup>3</sup> this group is ethnically diverse; 36.7% are South Asian, 21.1% are Arab, 14.0% are West Asian, and 14.2% are part of other minority groups including Chinese, African, Filipino, Latin American, Korean, and Japanese. In the 2001 census, 14.2% of the Canadian Muslim population said they did not consider themselves to be visible minorities. This group could partially reflect the number of converts to Islam.

In order to best care for our Muslim patients, it is useful to understand something about Islamic concepts of abortion. There are 2 main branches of Islam, Sunni and Shia, with many subdivisions, including Hanafi, Shafi, Hanbali, Salafi, Maliki, Twelver, Ismaili, Kharijites, Sufis, Ahmedis, and many more. The primary source of Islam is the Quran (or Koran) and the oral statements of the prophet Mohammad and his practices (Sunna). In addition, Muslims all over the world might follow different Imams (Islamic religious leaders).

Some Muslims oppose all abortions based on the following passage from the Quran: "Do not kill your children for fear of poverty, for it is we who shall provide sustenance for you as well as for them."<sup>4</sup> Some Muslims believe abortion is permitted if the mother's health is endangered, based on another passage, which states that, "A mother should not be made to suffer because of her child."<sup>5</sup>

Most of the schools of Islam that permit abortion insist that there must be a serious reason for it, such as a threat to the mother's life or the probability of giving birth to a deformed or defective child. The gestational age is important; for example, the Hanafi (Turkey, the Middle East, and Central Asia) and Shafi (Southeast Asia, southern Arabia, and parts of East Africa) schools allow abortions to take place until day 120, while in the Maliki (North and Black Africa) and Hanbali (Saudi Arabia and United Arab Emirates) schools, an abortion is permissible only up to day 40.<sup>6-9</sup>

Muslim jurists have agreed that abortion is prohibited after the fetus is completely formed and has been given a soul, unless it is reliably shown that the continuation of the pregnancy would necessarily result in the death of the mother. Then, in accordance with the general principle of the Shari'ah, that of choosing the lesser of 2 evils, abortion is not only permissible, but *must* be performed.<sup>6</sup>

The effects of religious convictions and culture on a woman's decision to have an abortion and her experience of guilt are important for health practitioners to

consider. The purpose of this study was to discover what our Muslim patients actually believed about the permissibility of abortion and to examine how this might affect their experiences. We also wanted to assess the anxiety level of our Muslim patients to see how it compared with previously published levels of anxiety in abortion patients.

## METHODS

This was an exploratory study of women self-identifying as Muslim who agreed to complete a questionnaire when presenting for abortion. The questionnaires were handed out with the pre-admission forms at 2 urban, free-standing abortion clinics in 2006 and 2007. The questionnaire asked about background, beliefs, and attitudes with regard to religion and abortion. In order to examine the distress women felt about the abortion, we asked about the levels of anxiety, depression, and guilt they were experiencing using the following 3 items:

- How anxious do you feel about the abortion on a scale of 0 to 10, where 0 is no anxiety and 10 is as bad as it can be?
- How depressed are you feeling on a scale of 0 to 10, where 0 is not depressed at all and 10 is as bad as it can be?
- How guilty do you feel on a scale of 0 to 10, where 0 is not guilty at all and 10 is as bad as it can be?

The anxiety and depression scores have been used in similar studies, but the guilt score was new to this study.<sup>10,11</sup>

To assess the degree to which women had pro-choice or anti-choice attitudes toward abortion, the following question was used: "Under what circumstances do you feel a Moslem woman should be able to have an abortion during the first trimester (up to 13 weeks)?" Respondents were asked to select all applicable answers from among the following 11 options: does not want children; life at serious risk; cannot afford a child; wants no more children; health at serious risk; cannot afford more children; during breastfeeding of a former child; rape; incest; not married; birth defect likely. This question (without the word *Moslem*) has been used in other studies.<sup>10,11</sup>

The data were entered into SPSS, version 15. Descriptive statistics were prepared. Attitude toward abortion was divided into 2 subgroups: *pro-choice*, if all 11 reasons to have an abortion were deemed acceptable, and *anti-choice*, if some reasons were not acceptable. Attitude toward religion was divided into 2 subgroups based on agreeing with Islamic principles or not. The groups were compared with respect to anxiety, depression, and guilt scores using 2-sided *t* tests.

This study was approved by the Behavioural Research Ethics Board of the University of British Columbia.

## RESULTS

We received 53 completed questionnaires. It is not clear what percentage of our Muslim patients agreed to complete questionnaires, as we do not routinely ask women to identify their religion.

## Demographics

Participants had been born in 17 different countries, including Iran ( $n=22$ , 41.5%), other West Asian countries ( $n=7$ , 13.2%), Canada ( $n=5$ , 9.4%), Pakistan ( $n=5$ , 9.4%), and African countries ( $n=4$ , 7.5%). Most women identified their race as Persian ( $n=17$ , 32.1%) or Asian-Indian ( $n=15$ , 28.3%). They varied in age from 17 to 47 years, with a mean of 29 years. Twenty-six (49.1%) were married; 26 (49.1%) had no children. Participants had lived in Canada for between 1 and 31 years, with a mean of 10 years. Additional demographic details are outlined in **Table 1**.

**Table 1. Characteristics of Muslim women having abortions:  $N=53$ .**

CHARACTERISTICS	RESPONSES
Mean (SD) age, y	29.1 (7.6)
Mean (SD) no. of pregnancies	2.5 (1.6)
Mean (SD) no. of births	1.0 (0.6)
Mean (SD) previous abortions	0.5 (0.8)
Attitude toward abortion: mean (SD) no. of acceptable reasons to be "allowed to have an abortion"	6.4 (3.9)
Mean (SD) score for anxiety about abortion <sup>†</sup>	6.1 (2.7)
Mean (SD) score for depression <sup>†</sup>	5.0 (2.9)
Mean (SD) score for guilt <sup>†</sup>	5.8 (3.2)
Agree or strongly agree that abortion is against Islamic principles, <sup>*</sup> n (%)	19.0 (38.8)
Pray daily or almost daily, <sup>*</sup> n (%)	20.0 (37.8)

\*Patients selected reasons from a list of 11 possible choices.

<sup>†</sup>Anxiety, depression, and guilt were scored on a scale of 0 to 10.

\*Not everyone answered the questions about prayer ( $n=52$ ) and Islamic principles ( $n=49$ ).

## Attitudes

When asked about their Muslim beliefs and practices, 51 participants (96.2%) agreed with the statement "Any Muslim woman has the right to have an abortion," 17 (32.1%) "agreed with Islamic principles," 14 (26.4%) agreed (always or sometimes) that "Islam prevented a woman from having another child after an abortion," 26 (49.1%) said they felt guilty because of Islam, 24 (45.3%) said they prayed every week, and 21 (39.6%) said that they used prayer and meditation to deal with their guilt. A third of the women ( $n=16$ , 30.2%) were completely pro-choice and said all the reasons a woman should be allowed to have an abortion listed in the questionnaire were acceptable, while the others had reservations and 11 (20.8%) identified only one acceptable reason.

## Experience

Women who indicated that some reasons to have abortions would not be acceptable (**Table 2**) and women who said they agreed that abortion went against Islamic principles (**Table 3**) had higher anxiety and guilt scores than those who did not: 6.9 versus 4.9 ( $P=.01$ ) and 6.9 versus 3.6 ( $P=.004$ ), respectively. Depression scores were not significantly different for these women. Women who said they prayed more than once per week had similar scores to women who prayed less often ( $P=.54$ ). Twenty-one women said they used prayer and meditation to deal with their guilt about having the abortion.

**Table 2. Mean anxiety, depression, and guilt scores by attitude toward abortion: Scores are rated on a scale of 0 to 10 ( $N=50$ ).**

SCORE	MORE PRO-CHOICE (LISTED ACCEPTABLE REASONS) $N=16$	LESS PRO-CHOICE (SOME REASONS NOT ACCEPTABLE) $N=34$	P VALUE
Anxiety	4.9	6.9	.01*
Depression	4.2	5.4	.17
Guilt	3.6	6.9	.004*

\*Statistically significant using  $t$  test.

**Table 3. Mean anxiety, depression, and guilt scores by attitude toward Islamic principles: Scores are rated on a scale of 0 to 10 ( $N=48$ ).**

SCORE	STRONGLY AGREE THAT ABORTION IS AGAINST ISLAMIC PRINCIPLES $N=3$	DO NOT STRONGLY AGREE THAT ABORTION IS AGAINST ISLAMIC PRINCIPLES $N=45$	P VALUE
Anxiety	9.3	5.9	.03*
Depression	5.0	4.9	.98
Guilt score	9.5	5.3	.03*

\*Statistically significant using  $t$  test.

## Women's comments

At the end of the questionnaire, women were given space to provide comments; 14 women wrote about how they felt about their religion and abortion, representing various views. One woman noted: "I feel guilty; it is against Islamic law." Others explained: "In Islam you can have an abortion up to 3 months—I don't feel guilty" and "Islamic beliefs don't influence sad feelings." Other women talked about the lack of support they felt in their community: "It is hardest for unmarried woman to face family [when pregnant]."

## DISCUSSION

The group of Muslim women that we surveyed was so diverse that no generalizations can be made about



them. Their attitudes toward abortion ranged from being completely pro-choice to believing abortion was wrong unless done to save a woman's life. Many reportedly found their religion to be a source of comfort as well as a source of guilt, turning to prayer and meditation to cope with their feelings about the abortion.


In a previous study of anxiety and attitudes toward abortion, women who held more anti-choice views had greater anxiety related to their abortion experiences.<sup>10</sup> In our study, although we had a smaller number of subjects, the women who were less pro-choice were also more anxious and reported feeling more guilt. Our Muslim patients in this study had a higher mean anxiety score (6.1) than women in the previous study (5.2).<sup>10</sup> Specifically, the women who most strongly believed that abortion was against Islamic principles were most likely to report high levels of both guilt and anxiety.

Most women in the study (96.2%) agreed that Muslims have the right to have abortions. As only 30.2% were fully pro-choice and agreed that women should be able to have an abortion for any reason, for the rest of the women, the right to have an abortion might simply mean that they believe Muslims should not be discriminated against on the basis of their religion in terms of having the freedom to access abortion care.

## Limitations

The main limitation of this study is that we do not know how many of our patients are Muslim, and therefore we do not know what proportion of Muslim patients answered these questionnaires. Issues of socioeconomic status, interpersonal violence, and cultural familial constraints related to pregnancy and guilt regarding abortion choices are not within the scope of this paper but are relevant to our findings. Our main finding was that there are a great variety of beliefs about abortion represented among our Muslim patients. Despite the small number of patients we surveyed, our results adequately demonstrate this diversity.

## Conclusion

Canadian Muslim women presenting for abortion come from many different countries and schools of Islam. It is important that physicians caring for Muslim women understand that their patients come from a variety of backgrounds and can have widely differing beliefs. It might be helpful to be aware that patients who hold more anti-choice beliefs are likely to experience more anxiety and guilt related to their abortion than pro-choice patients do. 

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### Acknowledgment

This research was supported by the Vancouver Foundation through a BC Medical Services Foundation grant to the Community-Based Clinical Investigator Program of the University of British Columbia's Department of Family Practice. Statistical consultation was provided by **Dr Jonathan Berkowitz**.

### Competing interests

None declared

### Contributors

All authors contributed to the concept and design of the study; data gathering, analysis, and interpretation; and preparing the manuscript for submission.

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